New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

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Howland's career epitomizes the Deaconess tradition

"Ellen Howland . . . has kept the human touch in the hospital's largest department in a superb fashion"
— Richard E. Lee

"From its very beginnings as a 14-bed hospital, the Deaconess has attracted the leading doctors of the city — not because it had the best facilities or the most money, but because the Deaconesses always viewed a patient as a whole person, not just an illness," says Ellen D. Howland, R.N., NEDH director of Nursing since 1956.

Howland, who will retire at the end of June, has helped maintain that important Deaconess tradition. "Ellen Howland epitomizes the idea that the patient always comes first," says hospital Director Richard E. Lee. "She has kept the human touch in the hospital's largest department in a superb fashion."

"Nurses are no longer seen as just carrying out a physician's orders or treatment plan," Howland says. "They also make independent decisions about nursing care based on their special knowledge. The physician's focus is on curing the patient, the nurse's on caring for the total needs of the patient. Caring goes beyond getting over the hurdle of the acute illness. Nurses help to bring together all the health care professionals — dietitians, social workers, chaplains, respiratory and physical therapists, and others — so the patient can have the best possible quality of life."

Howland's responsibilities include directing the School of Nursing as well as the Nursing Service Department. She says that the school has come a long way from its early years as a training program to a nationally recognized, accredited school. "It has always had a good reputation and has attracted excellent students and well-qualified faculty," she says. "We've worked to improve the academic aspects of the program without losing the clinical focus, because the best place to learn to take care of patients is in the clinical setting."

Having students in the hospital also has an effect on the nurses and other professional staff. "In a teaching situation," says Howland, "people try to maintain high standards and to set a good example. Students are always interested and responsive — they challenge us."

The construction of Audrey Kennedy Hall to house the School of Nursing was, says Howland, "the fulfillment of a long-time dream. We moved into the building in 1976 — Joan Randle [retired associate director of Nursing] coordinated the move while I was on vacation — and we now have an educational and residential facility second to none."

Nurses at the Deaconess are encouraged to continue their education and improve themselves professionally. Although in the past a nurse who wanted to advance usually became a teacher or administrator, today's nurse can choose to progress by specializing in a particular aspect of patient care. "We had some of the first clinical nurse specialists in the city," Howland says.

Ellen D. Howland, R.N.

Howland graduated from the NEDH School of Nursing in 1942 and was a staff nurse, head nurse, supervisor, and assistant director in Nursing Service, as

(continued on page 5)

Wade appointed Director of Dietetics

Joanne Wade, M.S., R.D.

Joanne Wade, M.S., R.D., has been named director of the Department of Dietetics. Previously assistant director of the department, she now will supervise a department of 170 full- and part-time employees, including the clinical dietetics and food service staffs.

"Both components of our department — clinical nutrition and food service — have always been very supportive of each other. It's one of our greatest strengths," she says. "Probably the major challenge we face now is maintaining our high quality service under current cost reductions. But our department always has been very creative finding ways to offset the restrictions of a cost-conscious environment."

The skills of the department's employees, Wade notes, are another of its strengths. "We've always tried to maintain a staff of highly qualified individuals and to give them the opportunity to develop professionally. We are fortunate to have superb people," she says.

Wade came to the Deaconess in 1973 as a member of the first dietetics training program, the forerunner of today's clinical dietetic internship program. She has been a staff dietitian, clinical dietitian specialist for the Nutrition Support Service, assistant director for education and director of the dietetic internship, and assistant director for clinical nutrition practices.

"Our dietetic internship program, which has a strong clinical emphasis, also helps to keep the staff current, continually refining their practices to keep up with the state of the art," says Wade.

A graduate of The College of St. Elizabeth in Morristown, New Jersey, Wade holds a master's degree in Clinical Nutrition from Sargent College of Allied Health Professions at Boston University, where she is an adjunct clinical professor of Nutrition.

Preston to retire after 44 years in Nursing

"The Deaconess has pretty much been my life since the age of 18," says Lois Preston, R.N., associate director of Nursing Service, who will retire in August. During her years at NEDH she has been a staff nurse, operating room nurse, head nurse, supervisor, and assistant director of the department. She has been responsible for the day-to-day operation of the Nursing Service since 1957.

"When I came to the School of Nursing in 1938, most of the nursing care was given by the students," she says. "We had very few graduate nurses and no residents. Medicine was not as complex as now, and we didn't have the kind of support systems we have today. A student might be the night nurse for an entire unit — it was a lot of responsibility."

"Nursing care at the Deaconess is special" — Lois Preston, R.N.

Today's nurse must be knowledgeable in many diseases and treatments, as well as an expert in caring for patients. Preston says, "I used to think that I was very close to my patients, but our nurses today get to know the patients and their families very well indeed. We have primary nursing, where one nurse has the major responsibility for a patient throughout the hospital stay. The nurse takes a special interest in the patient, and since many of our patients have chronic illnesses, they come back again and again.

"We also have unit teachers, which some other hospitals don't have, who fill a very important role," she says. "They help new nurses — particularly new graduates who may not have much clinical experience — and continue with them after the formal orientation is completed. Working with the new nurses on the evening and night shifts, reviewing medications and procedures, the unit teachers help them adjust to their new responsibilities."

Preston has been directly responsible for overseeing the assistant directors of nursing, who supervise the head nurses; the assistant director for staff development and research; and the clinical nurse specialists, who have expertise in particular fields such as heart or kidney disease. She feels that her regular section meetings with the licensed practical nurses and nursing assistants have been very important.

The quality of Preston's leadership at the hospital and in the nursing profession at large is evident from the high regard of her colleagues. A longtime member of the Massachusetts Nurses Association, she received that organization's Distinguished Service Award in 1970.

Alice Siders, R.N., coordinator of nursing practice, says, "The Deaconess is fortunate that Miss Preston has devoted so many years to the hospital. Her friendliness and warmth have influenced many of our nurses and added to the Deaconess's reputation for excellent patient care."

Director of Nursing Ellen Howland, R.N., says, "Lois and I have weathered more changes in hospital systems and the delivery of nursing care than all of our predecessors. Yet in spite of these complexities, Lois has retained her optimism about the future of nursing, her cooperative attitude, and her consistently pleasant approach to our numerous challenges."

Preston gives a lot of credit to her Deaconess colleagues. "Our head nurses are very caring, and so are our assistant directors, who will be taking on more management responsibilities when I retire," she says. "It's hard for me to compare because I've never worked anywhere else, but we hear it from people outside the hospital, too — nursing care at the Deaconess is special."

Reception to honor Howland, Preston

A reception will be held to honor Ellen D. Howland, R.N., and Lois Preston, R.N., on the occasion of their retirement on Tuesday, July 9, from 3 to 7 p.m. in Joslin Park.

Deaconess employees, retirees and School of Nursing graduates are welcome to attend.

Occupational therapy service instituted

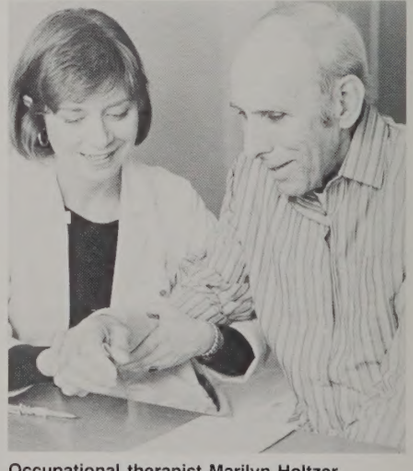
Occupational therapy is being offered in conjunction with the NEDH Physical Therapy Department to help patients improve their functional abilities following illness or injury. Programs include hand therapy, treatment of swallowing problems, the use of splints and other adaptive devices, reorientation for patients with post-operative confusion, and training for the activities of daily life. Occupational therapy will complement physical therapy services, which concentrate on building strength for movements like walking.

"The goal of our program is to help patients with chronic disease adapt to the limits imposed by their condition," says Jeanne Melvin, O.T.R./L., M.S.Ed., of the Arthritis and Health Resource Center in Wellesley, who will develop the NEDH program.

Patients who would be candidates for occupational therapy could include those who suffer from diabetes or renal disease; from arthritis; from stroke or other neurological impairment; or who have undergone amputations or other orthopedic surgery.

"Occupational therapy has a functional emphasis," says Marilyn Holtzer, O.T.R./L., who has joined the Deaconess as full-time occupational therapist. "We help patients learn how to handle such basic everyday activities as feeding and dressing themselves. We also work on perceptual problems — for example a stroke patient may have trouble with depth perception or distinguishing left from right — and help patients cope with the psychological stresses of living with a handicap."

Cathy Zimmerman, R.P.T., chief physical therapist, says, "Previously, occupational therapy services for patients were arranged on a sporadic basis, and patients with multiple needs were referred to rehabilitation centers or outside agencies. Now we have a full-service occupational therapist on staff.



Occupational therapist Marilyn Holtzer, O.T.R./L., prepares a splint for patient John Rabaglia to give extra support to his hand.

The physical therapists are very excited about this program, and we look forward to working together."

What happens to a blood donation?

Donating a unit of blood takes about half an hour. But when a donor leaves the NEDH Blood Bank, the process of preparing blood products for use is only beginning. The care and skill with which each unit is handled helps to ensure that blood products are safe and readily available to Deaconess patients.

After a blood donation has been completed, extra samples of the donor's blood are drawn off. One sample is tested for hepatitis and other blood-borne diseases that would prevent its use for patient care. A test for antibody to HTLV-III, the virus suspected of causing AIDS, recently has been added to the regular testing procedure.

Almost every unit of blood collected at the Blood Bank is broken down into three components — red blood cells, used to treat anemia and general blood loss; platelets, which help control bleeding problems in patients who have blood disorders, certain cancers, or are undergoing chemotherapy; and plasma, which contains blood clotting factors.

The separation of blood, a process developed in part at the Deaconess, is done by spinning the units twice in a centrifuge. The first spin concentrates red blood cells at the bottom of the original collection bag. The liquid plasma and platelets are squeezed off into one of two sterile bags that are connected to the first bag. Spinning the second bag causes the platelets to settle, and most of the plasma is squeezed off into a third bag.

"Because all three bags are connected, it is not necessary to open them to separate the components. The blood products are never exposed to the air from the time of collection until they are used, so they remain sterile," says Walter Dzik, M.D., medical director of the Blood Bank.

Although the components can be separated soon after the donation, results of the disease tests may not be available for as long as 24 hours. To prevent untested products from being used, the red blood cells and plasma are kept in special storage areas until tests are completed. Bags of platelets are marked with "non-test" stickers, which are removed when they have been cleared for usage.

Units of red blood cells, called packed red cells, are stored in refrigerators, arranged by blood type and date of collection. They can be stored as long as a month, but are usually used within one week of donation.

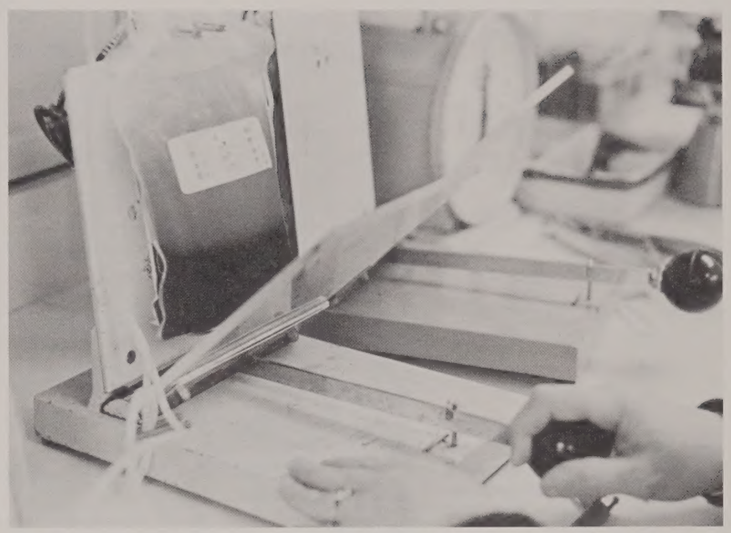
Platelets are kept at room temperature and placed in a revolving rack to keep them in motion. "Platelets are living cells that give off carbon dioxide just as we do," says Dzik. "If there is too much carbon dioxide in the area around them, they will die. When the bags are kept moving, the carbon dioxide is dispersed throughout the bag." Platelets must be used within five days of donation, and six units are combined for a single transfusion.

Plasma is frozen within six hours of being drawn and is kept at −80°C. It can be stored for as long as a year. When needed, the frozen plasma is placed in a warm water bath at body temperature, where it thaws in about 30 minutes.

When requests for blood products come to the Blood Bank, components are matched to the particular patient. Plasma and platelets are matched by blood type. Red blood cells are first matched by blood type and then must be crossmatched against a sample of the patient's serum to ensure that they will not be rejected by the patient's immune system.

Serum is the clear liquid that remains after blood has clotted and contains antibodies, components of the immune system that attack foreign substances in the body. In crossmatching, a sample of the donor's blood is mixed with the patient's serum; if they are incompatible, the red blood cells visibly clump together.

Patients who receive numerous blood transfusions can develop special sensitivities to antigens — substances that provoke the immune response — that may be present in an individual donor's blood. Because Deaconess patients often receive several transfusions, the serum of each patient requiring a transfusion is tested for antibodies that indicate these sensitivities. Most patients are negative, but when a problem appears, further tests are conducted to identify the particular antigen to which the patient is sensitive. This information is recorded in the patient's permanent transfusion record.



A centrifuged unit of blood, with the red cells at the bottom of the bag, is placed in a plasma extractor that will squeeze the plasma and platelets into another bag. The sticker on the bag lists the antigens in the unit.

Blood products for sensitive patients must come from donors who do not have the problem antigens. Therefore the Blood Bank runs antigen tests on many donors — particularly those who donate regularly and those with blood types O and A, the most commonly needed. This information is included in the computerized donor record and is placed directly on the collection bags of donations from tested donors.

"If we have a patient with multiple sensitivities and don't have the right blood in storage, we can identify appropriate donors from our records," says Dzik. "Most of our donors will come in right away if we call them. Their cooperation really makes the difference in our being able to have blood for these patients."

Gallon blood donors honored

On March 15, Bob Kitchin of Building Services made a very special blood donation — his 56th, bringing him to a total of seven gallons of blood donated at the Deaconess Blood Bank. Kitchin is the third-largest donor at the Blood Bank, and was the top donor honored at this year's Gallon Blood Donor Party.

Many of the more than 400 NEDH gallon blood donors attended the annual party held on March 28. Merle Legg, M.D., chairman of Pathology, noted that donors and the Blood Bank staff join in a team effort to help Deaconess patients. "There are some people who wouldn't be alive today if you hadn't been giving blood," he said.

Kitchin's blood donation was used in a whole blood transfusion, instead of being separated as described in the accompanying article. "A limited number of units of whole blood are needed for open heart surgery," says Walter Dzik, M.D., medical director of the Blood Bank. "We keep a few of our donated units as whole blood because it is very difficult to get whole blood from the Red Cross."

Blood bank technologist Chris Cardillo, M.T. (A.S.C.P.), takes Robert Kitchin's seven-gallon blood donation.

Returning to an active life

Caring for patients with diabetes often involves helping them deal with the long-term complications that may result from their illness — complications that can include diseases of the eyes, nerves, kidneys, and cardiovascular system. Foot problems, often the result of impaired circulation, occasionally require the amputation of part or all of the affected limb. Deaconess physical therapists help patients who have undergone amputations learn how to adjust to their physical changes and resume an active life.

Ned Hoe is a long-time Deaconess and Joslin Diabetes Center patient; he first came to Boston for treatment when he was three years old. For more than 55 years, Deaconess and Joslin physicians have helped him live with diabetes and more recently have treated him for eye problems and heart disease.

Amputation patient Ned Hoe practices descending stairs with the assistance of physical therapist Diane Merlo, R.P.T.

"I'd been warned about the possibility of foot problems for years," says Hoe. "But last year, I began to have trouble with the circulation in my left leg. One of my toenails stopped growing, and an infection in my big toe never cleared up."

Although a course of intravenous antibiotics prescribed by vascular surgeon Frank Wheelock, M.D., led to some improvement, the circulation in Hoe's foot was so poor that the infection persisted. He also began to have pain in his ankle.

"Dr. Wheelock gave me the option of an amputation of just the front of the foot or one between the ankle and knee. I was having so much trouble with my foot — I couldn't even bathe or swim — that I decided to have it all removed," says Hoe.

About a week after his surgery, Hoe began to work with physical therapist Diane Merlo, R.P.T., doing preliminary exercises in his hospital room to build strength. Since Hoe had a history of heart disease — he underwent a bypass operation at the Deaconess in 1983 — his rehabilitation program had to be modified.

"Because of the heart disease, his heart has limited pumping capacity," Merlo says. "We knew we had to keep a very close eye on him, monitoring his heart rate and blood pressure, so he wouldn't strain his heart."

Hoe was fitted with a temporary prosthesis or artificial leg — temporary because there may be changes in the rest of the leg for several months after the surgery. He came to Physical Therapy every day, beginning his training by learning to walk while holding onto a set of parallel bars. As he became more proficient, he was able to use a walker and then crutches, practicing up and down the halls with a therapist's assistance.

"After being in bed or in a wheelchair for weeks, it was very reassuring to stand up again. It was a fascinating feeling to be able to walk down the hall and not have to look up at people," he says.

Training also included putting the prosthesis on and off, getting up after a fall, climbing stairs, getting in and out of a car, and other activities to help him become independent after leaving the hospital.

Four weeks after his surgery, Hoe was able to go home. "I really haven't had much difficulty," he says. "I've experienced some 'phantom pain' [pain that feels like it is in the amputated limb], but it hasn't been particularly bad, and everyone has been very supportive. I do have some trouble going up and down stairs because of a problem with the cartilage in my other knee. But it's working out."

About a month after leaving the hospital, Hoe will probably return for a visit to the hospital's weekly amputee clinic. Here patients meet with a representative from the prosthetics company and physical therapists Ellen Barber, R.P.T., and Nancy Tichnor, R.P.T., to review their progress and discuss any problems they may be having. Most patients are fitted for a permanent prosthesis, which is more lightweight and cosmetic than the temporary, four to six months after their surgery.

Hoe says, "I know people with amputations that seem to get around fine, so I hope to be able to do as well. The care here is excellent. They took care of all of me, not just the leg; and I've seen people in much worse shape than I am receive help and encouragement. It makes a big difference."

Longwood area center receives MRI approval

The Joint Center for MRI, whose members include the Deaconess, Beth Israel Hospital, Children's Hospital, and Brigham and Women's Hospital, is among the first health care organizations in the state granted permission to perform Magnetic Resonance Imaging (MRI) procedures. Massachusetts Department of Public Health (DPH) guidelines allow for a total of eight MRI units statewide.

MRI is a diagnostic imaging technique that has proven useful in detecting brain tumors, trauma, strokes, and spinal cord disorders. MRI produces images similar to those obtained with a CT scanner, but without exposure to radiation. MRI is a superior diagnostic tool, however, because it can detect subtle differences in tissue chemistry; more conventional X-ray processes detect only differences in tissue density.

Melvin E. Clouse, M.D., chairman of the Department of Radiology, says "MRI not only is superior in evaluating the central nervous system, brain, and spinal cord, but also is useful in diagnosing problems with the heart and vascular system, as well as soft tissue and joints. MRI is important, too, because it allows you to examine patients as non-invasively as possible."

The Deaconess, Beth Israel, and Children's originally filed a state Determination of Need (DoN) application in January 1984 to jointly acquire an MRI unit. At that time, the Project Evaluation and Review Committee of the Health Planning Council of Greater Boston also was reviewing six similar DoNs, including one filed by Brigham and Women's Hospital to allow clinical use of its experimental unit.

Paul Babcock, NEDH assistant director, says "Because MRI is still a relatively new procedure, the Department of Public Health wants to limit the number of DoN approvals to try to allow for further clinical investigation; for that reason, only four of the six DoNs submitted were approved. Basically, the state is trying to control the dissemination of new technology, and to constrain the associated health care cost increases."

To that end, the committee recommended late last year that the four Longwood Medical Area hospitals arrange to share the services existing at the Brigham. But since the MRI unit at the Brigham had not received FDA approval for clinical use, the DPH approved the joint center's application to purchase a new unit, with the condition that the Brigham become a full partner. The hospitals hope to begin MRI operations in the fall, following construction at Beth Israel to house the unit. The center's opening may be delayed, however, if those hospitals whose DoNs were denied submit appeals to the DPH.

Employees honored at 30th Service Awards Dinner

"Among the greatest traditions of New England Deaconess Hospital is its dual emphasis on caring for patients and caring for those who care for patients," said Colby Hewitt, vice chairman of the Board of Trustees, to the almost 600 employees attending the 30th Annual Service Awards Dinner, held at the Sheraton-Boston. "The hospital is blessed in return through the commitment and dedication of its long-term employees."

This year more than 1,100 employees had five or more years of service, making them eligible to attend the April 11 event. "Continued commitment to the very highest standards of patient care," is characteristic of Deaconess employees, said Laurens MacLure, NEDH president.

A videotape program, created by the Training section, highlighted some of the 14 employees who received Awards of Merit for 25 or more years of service.

Receiving awards were Edlin McLean, Information Systems, 35 years; Ralph DeBernardo, Pathology, 30 years; Polly Cofield, Building Services, 30 years; and John Slayton, night administrator, 30 years. Honored for 25 years were Herbert Anderson, Maintenance and Engineering; Selma Berman, Nursing Service; Madelyn Celandar, Surgical Services; David Colleran, Mail Room; Thomas Cullen, Cancer Research Institute; June Forbes, Maintenance and Engineering; Mary Hennessey, Patient Service; Richard Lee, Administration; Mary Radovich, Nursing Service; and Norman Ricard, Nursing Service.

Far left: Enjoying the Service Awards dinner are (left to right) Manuela Santos; Rosa Periera, Building Services; and Manuel Santos, Building Services.

Left: Polly Cofield receives an Award of Merit for her 30 years of service from hospital Director Richard E. Lee.

Burns retires from Surgical Services

Margaret Burns, R.N., director of Surgical Services since 1974, retired in April. "I've been very lucky and had a very rewarding career as a nurse, working with many wonderful people," she says.

Burns came to the Deaconess in 1952 as an operating room supervisor and became assistant director of Surgical Services in 1964. She was involved in establishing the recovery room, central processing, and respiratory therapy services.

"Miss Burns always set high standards for the department," says Madelyn Celander, R.N., coordinator of the operating rooms. "She kept us current with all the technological advances that have enhanced our patient care."

Burns' educational activities — which included setting up and teaching programs for operating room technicians, central processing technicians, and perioperative nurses — are especially important to her. "One of our nurses told me that, if it wasn't for our program, she wouldn't have had the opportunity to be an OR nurse. That's very gratifying." Burns is particularly pleased that her colleagues set up an educational fund in her honor.

At a reception held in her honor, hospital Assistant Director David Lilley said of Burns, "She has been an excellent role model and is leaving behind a department in very good shape. She has built a strong foundation for future growth." Burns received a number of gifts at the reception, including a pastel portrait by anesthesia technician Eugene Licardo, signed by the members of the Surgical Services Department.

"I've had tremendous experiences here at the Deaconess," Burns says, "and I hope I've been able to contribute to the growth of the institution and its people."

"I've had tremendous experiences here at the Deaconess"
— Margaret Burns, R.N.

NEDH in the news

Deaconess personnel in the news during the past several months include:

- Geoffrey Habershaw, D.P.M., podiatrist, was interviewed by WBZ radio about choosing the right shoes for springtime athletic activities.
- Ellison Pierce Jr., M.D., chairman of Anaesthesia, discussed anesthesia safety on the Cable News Network.
- Leighton Read, M.D., internist, discussed the Boston Computer Diet on NBC's Today Show. He also was interviewed on Boston radio stations WBZ and WEEI, television Channel 7, and WABC-TV in New York.
- Charles Trey, M.D., chief of gastroenterology, spoke on liver transplantation on radio station WJCC.
- Kristen Yonker, M.S., R.D., dietitian, was interviewed regarding osteoporosis, diet, and exercise on radio station WNTN.

Howland *(continued from page 1)*

well as an instructor and assistant director of the School of Nursing, before her appointment as director of Nursing. She was named an assistant director of the hospital in 1967 and associate director in 1980.

A past president of the Massachusetts League for Nursing, Howland received the 1983 Mary Conceision Award from the Massachusetts/Rhode Island League for Nursing for her leadership in the profession. She also was honored by the Massachusetts Nurses Association in 1980 for "leadership in enhancing the image of the professional nurse in the community."

"Her stature has raised the recognition of the entire Nursing Department," says Lee. "She was the first non-physician member of the hospital's medical administrative board."

In looking back at her career at the Deaconess, Howland says, "I've had a very unusual opportunity to participate in the development of this institution from one that was smaller and not as well known — although it was always considered a special place — to one with a national reputation for excellent care.

"Of course no one person is totally responsible for something like that. It has to be a cooperative venture among people who believe in the same things and will work to accomplish them. Everyone in the School and the Nursing Service who has helped with that growth is very important to the hospital and to me."

Moving? We'd like to know

Because the post office does not forward third-class mail, we need your help in keeping the PULSE list accurate. If you are moving, please inform the NEDH Public Relations Department, 185 Pilgrim Road, Boston, Massachusetts 02215, (617) 732-8046. It would be helpful if you could send your PULSE address label. NEDH employees should inform their supervisors of changes of address.

news in brief

Barbara Ainsley, diet technician in hyperalimentation, was named Massachusetts Recognized Dietetic Technician of the Year by the American Dietetics Association.

Richard J. Baptista, M.S., R.Ph., general manager, Deaconess Home Health Care, spoke on total parenteral admixtures to the Clinical Congress of the American Society for Parenteral and Enteral Nutrition. He also was appointed to the editorial boards of *Infusion* and *Nutrition Support Services.*

Murray Bern, M.D., hematologist, and **Jacob J. Lokich, M.D.,** oncologist, were co-directors of the 14th annual NEDH/Harvard Medical School Cancer Symposium on infusion chemotherapy and bone marrow transplantation.

Blake Cady, M.D., surgical oncologist, received the American Cancer Society's National Division Bronze Medal for his services on the Massachusetts division board of directors. The award is the highest honor given to an ACS volunteer. Cady and surgeon **William V. McDermott, M.D.,** published a paper on liver resections for metastatic colon cancer in the *Annals of Surgery.*

Melvin E. Clouse, M.D., chairman of Radiology, was visiting professor at Southwestern Medical School, University of Texas in Dallas.

Walter H. Dzik, M.D., blood bank, spoke to the Springfield Academy of Medicine and the Rhode Island Society for Medical Technologists.

George Eisenbarth, M.D., endocrinologist, received the Richard E. Weitzman Award from the American Endocrine Society.

F. Henry Ellis Jr., M.D., chief of thoracic and cardiovascular surgery, spoke on cancer of the esophagus and cardia and on surgery for gastro-esophageal reflux at Rhode Island Hospital/Brown University.

Deedee Fici, senior blood bank technologist, participated in a presentation on HLA techniques at a regional meeting of the American Society of Histocompatibility and Immunogenetics.

Janis Gallagher, coordinator of IV therapy, has been named president of the New England chapter of the National Association of IV Therapists.

Benjamin Gerson, M.D., chief of clinical chemistry, had a special publication on monitoring free drug levels accepted by the American Society of Clinical Pathologists.

Steven R. Goldring, M.D., rheumatologist, spoke on total joint replacement for arthritis to the Philip D. Wilson Research Foundation at the Hospital for Special Surgery in New York. He also published a paper on inhibitors of parathyroid hormone in *Biochemistry.*

Kate Grimes, R.P.T., coordinator of cardiac rehabilitation, served on the committee for development of the cardiopulmonary specialist exam for the American Physical Therapy Association.

Jon E. Gudeman, M.D., psychiatrist, spoke at a conference on deinstitutionalization sponsored by the University of Cincinnati and the Cincinnati Mental Health Board.

Gary R. Johnson, M.D., cardiologist, has joined the Department of Medicine.

C. Ronald Kahn, M.D., endocrinologist, gave the Carl V. Moore Memorial Lecture at Washington University School of Medicine on insulin receptors.

Wendy Laitin, R.N., nurse perfusionist, was an examiner on the American Board of Cardiovascular Perfusionists.

Robert S. Lees M.D., chief of peripheral vascular disease, spoke on external imaging of low-density lipoprotein uptake at Mount Sinai Medical Center in New York.

Susan Levine, M.S., R.D., education coordinator in clinical dietetics, published an article on low protein diets in chronic renal failure in *CRN Quarterly.*

Jacob J. Lokich, M.D., oncologist, spoke on infusion chemotherapy in gastrointestinal malignancy at the University of California at Los Angeles and participated in a symposium on infusional chemotherapy at Downstate Medical Center in New York.

Edward Mascioli, M.D., internist, presented a paper on plasma phospholipid fatty acid profiles to the International Congress on Essential Fatty Acids and Prostaglandins.

Robert C. Moellering Jr., M.D., chairman of the Department of Medicine, was visiting professor at the University of San Juan Medical School in Puerto Rico.

Joanne Perri-LaFrancesca, R.N., oncology clinical nurse specialist, directed a program on recent techniques in cancer chemotherapy treatment administration sponsored by the NEDH Cancer Care Committee and the Department of Nursing.

Jamie Pope, M.S., R.D., dietitian specialist in cardiology, spoke on cholesterol to an American Heart Association scientific session on cardiovascular nursing and to the New England Memorial Hospital cardiac club.

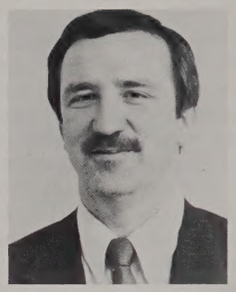
Arturo Rolla, M.D., endocrinologist, was visiting lecturer at the University of Costa Rica Medical School, speaking on insulin treatment and skin problems of diabetes.

Carl Salzman, M.D., psychiatrist, received the Elvin B. Semrad Award for excellence in teaching from the Massachusetts Mental Health Center. He is also the author of *Clinical Geriatric Psychopharmacology,* recently published by McGraw-Hill, and contributed to a monograph on teaching psychopharmacology to psychiatric residents, published by the American College of Neuropsychopharmacology.

David M. Shahian, M.D., cardiothoracic surgeon, spoke on thoracic versus extrathoracic esophagectomy to the Society of Thoracic Surgeons.

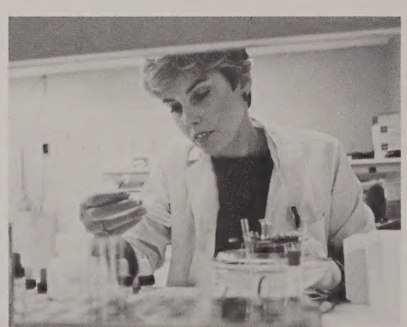
Miles Shore, M.D., chief of psychiatry, gave the first Maurice Levine Memorial Lecture on ethical issues in deinstitutionalization to the Cincinnati Psychoanalytic Foundation and the University of Cincinnati Medical School.

Albert L. Sheffer, M.D., chief of allergy and immunology, spoke on ultrastructural changes of cutaneous mast cells to the annual meeting of the American Academy of Allergy and Immunology.



Gary R. Johnson, M.D.

What happens to a blood donation? (see page 3)



Marilynn Kozak, M.T. (A.S.C.P.), blood bank technologist, crossmatches a sample of donor blood with serum from a potential recipient.

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